STATEMENT OF TRUSTEED SURPLUS IN THE UNITED STATES

							As of				
	NAME OF INSURER	of									
FATE OF	SCHEDULE 1- GENERAL STATE DEPO DEPOSIT AND DESCRIPTION		TE DEPOSI	TS [s	(1) PAR VALUE OR NO. OF SHARES		(4) AMORTIZED OR INVESTMENT VALUE		(5) INTEREST DUE AND ACCRUED		
_											
OTALS											
	SCHEDUL	E 2- SPECIAL ST	ΓΑΊ	TE DEPOSIT	S [SI	CTION 1591	(b)]				
TATE OF	DEPOSIT AND DESCRIPTION	(1) PAR VALUE OR NO. OF SHARES	(2) AMORTIZED OR INVESTMENT		(3) AMOUNT OF LIABILITY SECURED BY EACH SPECIAL STATE DEPOSIT		(4) COLUMN (2) OR COLUMN (3), WHICHEVER IS LOWER		(5) INTEREST DUE AND ACCRUED		
TOTALS											
MES AND AD	SCHED DDRESSES OF TRUSTEES AND TOTAL AS	DULE 3TRUSTE SSETS TRUSTEED TO			SECTI	(1) PAR VALUE NO. OF SHA	OR	(4) AMORTIZED INVESTME VALUE		(5) INTEREST DUE AND ACCRUED	
TOTALS otals Gross A	Assets in the United States deposited wirs and Trustees (Column 4 Totals)	ith Insurance Depar	rtme	ents,							

INSTRUCTIONS

When filed as part of the Annual Statement-To be filed on or before March 1 (in triplicate)

Detailed lists of securities are required. In lieu of completing detail lines of SCHEDULES 1 and 2, company *may* attach supplementary schedules showing required details and carry totals only to SCHEDULES 1 and 2.

Detailed supplementary schedules $\it must$ be attached to support SCHEDULE 3.

When filed as part of the Quarterly Statement:-March 31statement due May 15; June 30 statement due August 15;

September 30 statement due November 15 (two copies)

Totals only need be shown in SCHEDULES 1, 2 and 3. No supplementary schedules are required.

	LIABILITIES IN THE UNITED S	STATES			
Total liabilities and reserves					
Less liability for unauthorized reinsurance not co	-				
2. Add all reincurence de duste dis dute attitute de	Net				
Add all reinsurance deducted in determining the l		ual Statament)			
(a) Reinsurance recoverable on unpaid losses(b) Gross unearned premium reserves on reins	·	· · · · · · · · · · · · · · · · · · ·	nt)		
Add net amounts (Less commissions) due to com	,			•	
balances included as deductions from Ledger As:					
(a) Agents credit balances	one in familiar (or quarterly) etaterne				
(b)					
(c)					
4. Total Liabilities and Reserves					
DEDUCTIONS FROM NET LIABILITIES AND RESE	RVES				
5. Reinsurance recoverable on unpaid losses from it	surers authorized to do business in a	any			
State of the United States, subject to limitations un	der Sections 922.2 to 922.4, 922.6				
and 922.8 [Section 1591 (e) (1)]					
Unearned premium reserve on reinsurance cedec					
do business in any state of the United States, sub	ect to limitations under Sections 922.	.2			
to 922.8 [Section 1591 (e) (3)]					
7. Agents balances or uncollected premiums, not mo					
exceeding unearned premium reserves carried the	-				
Reinsurance premiums receivable by the insurer to business in any State of the United States, subject					
[Section 1591 (e) (2)]	to initiations under Section 922.4				
Items reported as Liabilities which are properly de	ductible as an offset against Assets n	not			
allowed in this Statement [Section 1591 (e) (4)]:	addible as all offset against 7,550t5 fi	iot			
10. Total deductions					
11. Net Liabilities					
12. Trusteed Surplus					
13. Total (being gross assets reported on preceding	page)				
United States as defined in Section 1593 of said coor Section 1591 of said Insurance Code; that the sever hereto are the absolute property of said corporation, and all of the hereinbefore mentioned assets are held States and trustees as hereinbefore indicated and as are in accordance with the provisions of said Section	al items of assets enumerated herein free and clear from any liens or claim I in the United States by Insurance Do required by law; and that the liabilitie	before and in any scheduns thereon, except as hereot. and officers of the value	iles and exhibits at einbefore stated; the arious States of the	tached nat each United	
*	-)				
	ss.	*			
	_'		Signature		
	-		Title		
Subscribed and sworn to before me this	day	*			
			Signature		
of, <u>19</u>	-		Title		
	_		Title		
*The above statement must be verified as follows:	_				
EITHER by the oath of the principal executive office president or vice president AND the treasurer or s	-	within the United States;	OR by affidavit of t	the	
	TRUSTEE'S CERTIFICAT	TF			
	(Not required on Quarterly statement				
THIS IS TO CERTIFY That the undersigned,	(1101 required on Quarterly statement	,	is/are the trustee	under that	
certain trust agreement made on	,	by	_	nsurer named	
in the within statement; that pursuant to said trust agr December 31, 19, held the assets described on for the benefit and security of all of the policyholde subject to no other claims than those of such policyh	, and in the amounts thereof as showers or all of the policyholders and cred	n in the within statement ditors of the Insurer within	erms thereof, the un	ets are held	
	_) ss				
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